

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27491
Registrar's No. 6988

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6988	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>60 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>16 3314 a Chippawa</u>			
3. NAME OF DECEASED (Type or Print) <u>FRED</u>		a. (First) _____		b. (Middle) <u>C.</u>		c. (Last) <u>BRUEGMANN</u>	
4. DATE OF DEATH <u>AUGUST 9, 1955</u>		(Month) _____ (Day) _____ (Year) _____					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/16/1893</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS _____		11. DAYS _____		12. HOURS _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kankakee, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. George Bruegmann</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Neumueller</u>		14. NAME OF HUSBAND OR WIFE <u>Augusta Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>THROMBOSIS L FEMORAL ARTERY</u> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
19a. DATE OF OPERATION <u>8-8-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>GANGRENE L FOOT & LEG</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-7-55</u> , 19____, to <u>8-9-55</u> , 19____, that I last saw the deceased alive on <u>8-9-55</u> , 19____, and that death occurred at <u>4:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. S. Knotts, M.D.</u>				23b. ADDRESS <u>1515 Lafayette</u>		23c. DATE SIGNED <u>8-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Excelsior Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 10 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Devereux E. H. Inc.</u>		ADDRESS <u>1936 Shaw</u>	
3. P. (Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P. O. Address _____

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.